

R430-100-14. CHILD HEALTH.

- (1) No child may be subjected to physical, emotional, or sexual abuse while in care.

Rationale / Explanation

Serious physical abuse of children by caregivers usually occurs at times of high stress for the caregiver. For this reason, it is important for caregivers to have ways of taking breaks and seeking assistance when they are stressed. CFOC, pgs. 117-118 Standard 3.058

The presence of multiple caregivers also greatly reduces the risk of serious abuse to children. Abuse tends to occur in privacy and isolation, and especially in toileting areas. CFOC, pg. 118 Standard 3.059

Corporal punishment may be physically and emotionally abusive, or may easily become abusive. Research links corporal punishment with negative effects such as later criminal behavior and learning impairments. Other inappropriate discipline methods such as humiliation or using abusive language may also be emotionally abusive. CFOC, pgs. 65-66 Standard 2.042; pg. 377 Standard 8.009

Enforcement

Always Level 1 Noncompliance.

- (2) All staff shall follow the reporting requirements for witnessing or suspicion of abuse, neglect, and exploitation found in Utah Code, Section 62A-4a-403 and 62A-4a-411.

Rationale / Explanation

Reporting of suspected child abuse or neglect is required by Utah law. Suspected abuse and neglect must be reported to law enforcement or Child Protective Services. Reporting suspected abuse or neglect to one's supervisor only does not meet the legal requirement to report suspected abuse and neglect. CFOC, pgs. 116-117 Standards 3.053, 3.055

See CFOC, pg. 420 Appendix K for a list of signs of possible abuse and neglect, and pg. 421 Appendix L for a list of risk factors for abuse and neglect.

Enforcement

Always Level 1 Noncompliance.

- (3) The use of tobacco, alcohol, illegal substances, or sexually explicit material on the premises or in center vehicles is prohibited any time that children are in care.

Rationale / Explanation

Scientific evidence has linked respiratory health risks to secondhand smoke. No children, especially those with respiratory problems, should be exposed to additional risk from the air they breathe. Infants and young children exposed to secondhand smoke are at risk of developing bronchitis, pneumonia, and middle ear infections when they experience common respiratory infections. CFOC, pg. 63 Standard 2.035; pg. 111 Standard 4.041; pg. 354 Standard 8.038

The age, defenselessness, and lack of mature judgement of children in care make the prohibition of tobacco,

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alcohol, and illegal substances an absolute requirement. CFOC, pg. 111 Standard 4.041; pg. 354 Standard 8.038

Enforcement

Always Level 1 Noncompliance.

- (4) The provider shall not admit any child to the center without documentation of:
- (a) proof of current immunizations, as required by Utah law;
 - (b) proof of receiving at least one dose of each required vaccine prior to enrollment, and a written schedule to receive all subsequent required vaccinations; or
 - (c) written documentation of an immunization exemption due to personal, medical or religious reasons.

Rationale / Explanation

Routine immunization at the appropriate age is the best means of preventing vaccine-preventable diseases. CFOC, pgs. 87-88 Standards 3.005, 3.006; pg. 342 Standard 8.014

Enforcement

*If a provider indicates they **do not have** the required immunization records, cite this rule as being out of compliance. If they indicate they have the record, but cannot locate it during your visit, do not cite this rule. Rather, cite R430-9(1)(h)(iii) as being out of compliance. Should the provider still not have the required record(s) on the follow-up visit, or if dates on the records at the follow-up visit indicate the record was not completed until after the initial visit, **both** this rule and R430-9(1)(h)(iii) should be cited as out of compliance.*

Always Level 3 Noncompliance.

- (5) The provider shall not admit any child to the center without a signed health assessment completed by the parent which shall include:
- (a) allergies;
 - (b) food sensitivities;
 - (c) acute and chronic medical conditions;
 - (d) instructions for special or non-routine daily health care;
 - (e) current medications; and,
 - (f) any other special health instructions for the caregiver.
- (6) The provider shall ensure that each child's health assessment is reviewed, updated, and signed or initialed by the parent at least annually.

Rationale / Explanation

Admission of children without this information can leave the center unprepared to deal with daily and emergency health needs of the child. CFOC, pg. 71 Standard 2.054

Enforcement

The health assessment form used by the provider does not have to use the specific words "acute" and "chronic," which parents may not understand. As long as the health assessment asks about any medical conditions the

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child has, it meets this rule.

*If a provider indicates they **do not have** the required health assessments, cite this rule as being out of compliance. If they indicate they have the assessments, but cannot locate it during your visit, do not cite this rule. Rather, cite R430-9(1)(h)(ii) as being out of compliance. Should the provider still not have the required health assessment(s) on the follow-up visit, or if dates on the assessment(s) at the follow-up visit indicate the assessment was not completed until after the initial visit, **both** this rule and R430-9(1)(h)(ii) should be cited as out of compliance.*

Level 1 Noncompliance: If lack of information on a health assessment resulted in an emergency situation (seizure, allergic reaction, etc.) in which caregivers did not have the needed information.

Level 3 Noncompliance otherwise.